

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Huang et al.

Docket No.

A-7220 (191930-1310)Serial No.
09/804,995Filing Date
March 13, 2005Examiner
Duong, FrankConfirmation No.
4207Group Art Unit
2666Invention: **Using a Receiver Model to Multiplex Variable-Rate Bit Streams Having Time Constraints****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**

Transmitted herewith is the Amendment and Response to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
|--|--|--|--|--|-------------------|
| TOTAL CLAIMS | 32 - | 32 = | 0 | X \$50.00 | \$0 |
| INDEP. CLAIMS | 2 - | 3 = | 0 | X \$200.00 | \$0 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$360.00 |
| EXTENSION FEE | 1 ST MONTH <input type="checkbox"/> \$120.00 | 2 ND MONTH <input type="checkbox"/> \$450.00 | 3 RD MONTH <input type="checkbox"/> \$1,020.00 | 4 TH MONTH <input type="checkbox"/> \$1,590.00 | \$0 |
| Other Fees: Terminal Disclaimer | | | | | \$130 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$130 |

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$130.00 for Terminal Disclaimer fee.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jeffrey R. Kuester, Reg. No. 34,3672-14-05
Date

RECEIVED
FEB 22 2005

Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2005**

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number **09/804,995**
Filing Date **March 13, 2001**
First Named Inventor **Huang et al.**
Examiner Name **Duong, Frank**
Art Unit **2666**
Attorney Docket No. **A-7220 (191930-1310)**

TOTAL AMOUNT OF PAYMENT (\$130.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☐ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Filing Fees | | Search Fees | | Examination Fees | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESSIVE CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | |
|--------------|---------------|----------|---------------|---------------------------|---------------|
| | | | | Fee (\$) | Fee Paid (\$) |
| 32 | -20 or HP = 0 | 50 | 0 | 360 | 0 |

HP = highest number of total claims paid for, if great than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| | | | |
| 2 | -3 or HP = 0 | 200 | 0 |

HP = highest number of total claims paid for, if great than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|--------------------------------------|---------------|
| -100 = | /50= | 0 | (round up to a whole number) x 250 = | 0 |

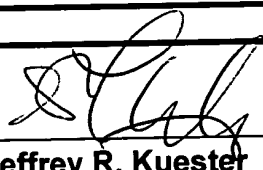
4. OTHER FEE(S)

| | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | 0 |
| Other: Terminal Disclaimer | 130.00 |

SUBMITTED BY

Complete (if applicable)

Signature



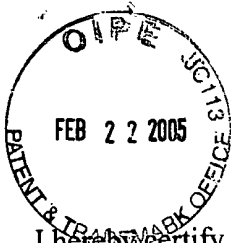
Registration No. **34,367**

Telephone Number
770-933-9500

Name: (Print/Type)

Jeffrey R. Kuester

Date: **2-14-05**

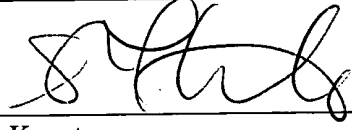


CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 2 - 14 - 05



Jeffrey R. Kuester

In Re Application of:

Huang et al.

Serial No.: 09/804,995

Filed: March 13, 2001

Confirmation No.: 4207

Group Art Unit: 2666

Examiner: Duong, Frank

Docket No.: A-7220 (191930-1310)

For: Using a Receiver Model to Multiplex Variable-Rate Bit Streams Having Time Constraints

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal
Fee Transmittal
Credit Card Authorization - Authorizing \$130.00
Terminal Disclaimer
Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.